

## ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>24-MAY-2017</b>		TIME <b>11:14:00</b>	2. ADDRESS OF OCCURRENCE <b>1643 N LECLAIRE AVE CHICAGO, IL 60639</b>		3. LOCATION CODE <b>092</b>	4. BEAT/OCCUR <b>2533</b>	5. VIDEO RECORDED INCIDENT 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO <input type="checkbox"/>																																																																															
6. POSITION <b>9161 ROLDAN</b>		7. LAST NAME <b>DAVID A</b>	8. FIRST NAME <b>DAVID A</b>	9. STAR NO <b>15066</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WWH</b>	12. AGE <b>511</b>	13. HT. <b>210</b>	14. WT.																																																																													
15. DATE OF APPT <b>27-OCT-2014</b>		16. EMPLOYEE NO. <b>025</b>	17. UNIT & BEAT OF ASSIGNMENT <b>2563A</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																
21. LAST NAME <b>WISE</b>		22. FIRST NAME <b>KAYIN</b>	23. M.I. <b></b>	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. D.O.B. <b>1999</b>	27. HT. <b>509</b>	28. WT. <b>170</b>																																																																														
29. ADDRESS <b>CHICAGO, IL 60639</b>		30. TELEPHONE NO. <b></b>	31. WAS SUBJECT ARMED? VEHICLE - OFFICER STRUCK WITH VEHICLE, <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No FIREARM - SEMI-AUTOMATIC	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																	
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>																																																																																				
36. BY WHOM? <b>DR. [REDACTED]</b>		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																				
38. CHARGES PLACED		39. CB NO <b>IR NO</b> <b>19484301</b>																																																																																				
<b>***** PLEASE SEE NEXT PAGE *****</b>																																																																																						
<table border="1"> <thead> <tr> <th>40.</th> <th>PASSIVE RESISTER</th> <th>ACTIVE RESISTER</th> <th>ASSAILANT: ASSAULT</th> <th>ASSAILANT: BATTERY</th> <th>ASSAILANT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="10"><b>MEMBER'S RESPONSE</b></td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER <u>FLED IN VEHICLE</u></td> <td>PERCEIVED AS _____</td> <td>OTHER <u>STRUCK P.O. 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41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member																																																																																		
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>																																																																																
54. TASER DART ID NO			55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.																																																																															
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	63. TOTAL NO. OF SHOTS MEMBER FIRED																																																																															
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																															
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																															
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**1714405845****JA277237**

INFORMATION

SIGNATURES

77. NOTIFICATIONS (ALL INCIDENTS)  IMMEDIATE SUPERVISOR  DSS OF DISTRICT OF OCCURRENCENOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT):  OEMC  CPICNOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT):  OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION

79. REPORTING MEMBER (Print Name)

**TOLEDO, PETER H**

24-MAY-2017 18:57:49

STAR/EMPLOYEE NO.

**2105**

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80 REVIEWING SUPERVISOR (Print Name)

**CONROY, PATRICK J**

STAR NO.

**267**

SIGNATURE

DATE REVIEWED

TIME

**24-MAY-2017 19:23:56**



## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS. (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### B1. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee/offender taken to Mt. Sinai for treatment.

### B2. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Above Officers complied with department policy. However, department guidelines require that aforementioned C. L. # be obtained. Further, U # 17-10 also issued.  
Follow-up investigation underway.

### B3. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### B4. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

LOG NO. 108331 OBTAINED

### B5. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**CONROY, PATRICK J**

86 TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### B7. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE  


DATE COMPLETED TIME  
**24-MAY-2017 19:49:46**